CHAPTER 4

Rules and Regulations for Kid Care CHIP ("Children's Health Insurance Program")

Cost Sharing

Section 1. Authority. This Chapter is promulgated by the Department of Health pursuant to the Child Health Insurance Program Act at W.S. §§ 35-25-101 through 35-25-111 and the Wyoming Administrative Procedure Act at W.S. § 16-3-101, *et seq*.

Section 2. Purpose and Applicability.

(a) This Chapter shall apply to and govern Kid Care CHIP. This Chapter shall become effective for Kid Care CHIP services provided on or after October 1, 2009.

(b) The Department may issue manuals, bulletins, or both, to interpret the provisions of this Chapter. Such manuals and bulletins shall be consistent with and reflect the policies contained in this Chapter. The provisions contained in manuals or bulletins shall be subordinate to the provisions of this Chapter.

Section 3. Cost Sharing Maximums.

(a) Each family will be responsible for making co-payments pursuant to this subsection. Co-payments are capped at five percent (5%) of a family's gross annual income.

(b) Each family will be notified of their out of pocket maximum on their approval letter and their renewal approval letter.

(c) Families will track their out of pocket expenditures through a shoe box method and will be required to submit receipts each benefit year to the Department when they believe that they have met the annual out of pocket maximum.

(d) The Kid Care CHIP office along with the insurance contractor will tabulate the submitted receipts. Once the family has met the maximum, Kid Care CHIP will notify the insurance contractor and the family. Future Explanation of Benefits for that benefit year will indicate that the family has met the out of pocket maximum.

(e) If the family has paid more than their five percent (5%) out of pocket maximum, the family will be reimbursed by the insurance contractor.

Section 4. Co-payments.

(a) Plan A is for enrollees up to one hundred percent (100%) of the federal

poverty level and Native American or Alaskan Native children.

(i) There will be no co-payments for services.

(ii) There is no coverage for non-preferred brand drugs.

(b) Plan B is for enrollees from one hundred one percent (101%) through one hundred fifty percent (150%) of the federal poverty level.

(i) Maximum out of pocket per child for medical and vision is two hundred dollars ($200.00) per benefit year.

(A) Office visits (including mental health) = five dollars ($5.00)

(B) Outpatient hospital = five dollars ($5.00)

(C) Inpatient hospital = thirty dollars ($30.00)

(D) Emergency room = five dollars ($5.00)

(ii) Maximum out of pocket per child for pharmacy is one hundred dollars ($100.00) per benefit year.

(A) Generic prescriptions = three dollars ($3.00)

(B) Brand name prescriptions = five dollars ($5.00)

(C) There is no coverage for non-preferred brand drugs.

(iii) Maximum out of pocket per child for dental services is fifteen dollars ($15.00) per benefit year.

(A) Basic and major services = five dollars ($5.00)

(c) Plan C is for enrollees from one hundred fifty one percent (151%) through two hundred percent (200%) of the federal poverty level.

(i) Maximum out of pocket per child for medical and vision is three hundred dollars ($300.00) per benefit year.

(A) Office visits (including mental health) = ten dollars ($10.00)

(B) Outpatient hospital = ten dollars ($10.00)

(C) Inpatient hospital = fifty dollars ($50.00)

(D) Emergency room = twenty-five dollars ($25.00)

(ii) Maximum out of pocket per child for pharmacy is two hundred dollars ($200.00) per benefit year.

(A) Generic prescriptions = five dollars ($5.00)

(B) Brand name prescriptions = ten dollars ($10.00)

(C) There is no coverage for non-preferred brand drugs.

(iii) Maximum out of pocket per child for dental services is seventy-five dollars ($75.00) per benefit year.

(A) Basic and major services = twenty-five dollars ($25.00)

Section 5. Exclusions from Co-payments.

(a) No co-payment will be assessed for:

(i) Well-baby services;

(ii) Well-child services;

(iii) Preventive dental services; or

(iv) Services provided to American Indians or Alaska Natives.

(b) Failure to make co-payment. No insured shall be terminated because of the failure to make co-payments.